

Foster Family Home - Corrective Action Report

Provider ID: 1-509929

Home Name: Jonathan Beltran, CNA

Review ID: 1-509929-6

94-1028 Hohola Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/5/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 11/5/19.

Corrective Action Report issued during home inspection with all items due to CTA by 12/5/19.

6.(d)(1)- see applicable sections of the review.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2)- No current APS/CAN/Fingerprinting for HHM#3, CG#1's APS/CAN/Fingerprinting expired on 8/15/19 and renewed on 8/28/19; CG#2's APS/CAN expired on 5/9/19 and renewed on 8/28/19; CG#3's APS/CAN expired on 5/9/19 and renewed on 8/28/19 and HHM#4's APS/CAN expired on 8/15/19 and renewed on 8/28/19.

Maribel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

11/6/19

Date

11/6/19

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jonathan M. Beltran

CCFFH Address: 94-1028 Hohola St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2)	HHM #3 Obtained a current APS/CAN/Fingerprinting and result was placed in home binder. I showed CTA Compliance Manager the APS/CAN/Fingerprinting results for CG#1,CG#2,CG#3, and HHM#4 during CCFFH inspection/survey.	12/1/2019	Home will use an iphone calendar to schedule due dates 2 months in advance to ensure prevention of future lapses.

Primary Caregiver's Signature: 

Print Name: Jonathan M. Beltran

Date of Signature: 12/20/19